

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-023059

STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 316 Primary Registration District No. 6095 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Francois Twp. TOWN				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Anutt Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4				Length of stay in lb 2y, 4m, 2da.		d. STREET ADDRESS (If outside, give location) 0330	
3. NAME OF DECEASED (Type or print) First LETHA Middle ELLEN Last SHARP				4. DATE OF DEATH Month June Day 23 Year 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 10, 1886	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 2 Days 12		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Anutt, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Granville Capps				14. MOTHER'S MAIDEN NAME Irene Watson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Records, State Hospital #4, Farmington, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition - - - - - Interval between ONSET AND DEATH Abt. 30 das. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Psychosis - - - - - Interval between ONSET AND DEATH Abt. 3 yrs. DUE TO (c) Cerebral arteriosclerosis - - - - - Interval between ONSET AND DEATH Unknown. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 334X							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 		COUNTY STATE 	
21. I attended the deceased from Oct. 12, 1956 to June 23, 1958 and last saw her alive on 6-23-58. Death occurred at 6:55 a. m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John P. Brennan, M.D.				22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 6-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 25, 1958		23c. NAME OF CEMETERY OR CREMATORY Anutt Cemetery		23d. LOCATION (City, town, or county) (State) Dent County, Missouri	
24. FUNERAL DIRECTOR Spencer Funeral Home, Salem, Missouri				25. DATE RECD. BY LOCAL REG. June 23, 1958		26. REGISTRAR'S SIGNATURE Ether Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

300
 1-56
 344
 2

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

JUL 1 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 41

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.